

SPRINGFIELD TOWNSHIP  
HEALTH DEPARTMENT  
50 POWELL ROAD  
SPRINGFIELD, PA 19064  
610.544.1300

FOR OFFICIAL USE ONLY

Payment \_\_\_\_\_ Received \_\_\_\_\_  
Expires \_\_\_\_\_  
License# \_\_\_\_\_

TOWNSHIP OF SPRINGFIELD  
BOARD OF HEALTH  
APPLICATION FOR LICENSE AND INSPECTION FEE  
ANNUAL MOBILE FOOD SERVICE LICENSE

Application is hereby made for a license to operate. By this application it is agreed that the establishment will comply with the provisions of the Springfield Township Health Department Rules and Regulations applicable to this type of establishment. It is further agreed that said establishment shall be open to inspection by the Springfield Township Health Department. Any changes in application, owner/manager must contact Health Office. Application for license renewal shall be made at least one month before expiration of existing license. The license is not transferable. Failure to submit application prior to expiration, shall result in issuance of citation and fines. Establishment may not operate without current health license

PLEASE PRINT

Month \_\_\_\_\_

Use: Mobile

Establishment

Proprietor's \*

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Fee \$ \_\_\_\_\_

Telephone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Is the truck owned or leased \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

If truck is leased name and address of lessee \_\_\_\_\_

Serve Safe Certification \_\_\_\_\_

Testing Facility/Lab \_\_\_\_\_

Establishment Telephone \_\_\_\_\_ Days of Service \_\_\_\_\_

As required by PA Act 62 of 1992, all new establishments applying for license must submit proof that application has been made or receipt has been acquired of a Sales and Use Tax License or Exemption from the PA Department of Revenue: (check one and enclose copy):

\_\_\_\_ Sales & Use Tax License; \_\_\_\_ Sales & Use Tax Exemption Certificate; \_\_\_\_  
Completed Sales Tax Application; \_\_\_\_ Annual Mercantile Tax paid \$ \_\_\_\_\_

I, \_\_\_\_\_, hereby, certify that the facts set forth (Print name of Proprietor or Authorized Agent) on this application are true and correct to the best of my knowledge. I understand that the submission of false or misleading information is grounds for legal action.

\_\_\_\_\_  
(Signature of Proprietor or Authorized Agent) Date \_\_\_\_\_

\_\_\_\_\_  
(Title of Proprietor or Authorized Agent)

**\*Proprietor** is defined as the person, partnership, association or corporation conducting a public food service operation. If ownership is a partnership or corporation attach a list of all partners or corporate officers along with their home addresses and phone numbers.

Attention:\*\* Food prepared out of Springfield, include a copy of the current license and latest inspection of the establishment where the food is prepared, as well as verification by the establishment owner that your food is being prepared there. Your application will not be considered without these documents.

INSPECTION DATE \_\_\_\_\_

LICENSE SENT \_\_\_\_\_

Managers Name

Business Name

Dear Sir/Madam:

Enclosed is your application for a license to operate a Mobile Catering truck for the coming year. Please complete the **application** in its entirety and return it with a check or money order before your current license **expires**.

Please note, the **Pennsylvania New Food Regulations went into effect December 2003**. The code is available in its entirety at [www.pacode.com](http://www.pacode.com). You are responsible to comply with local and state regulations. The **mandatory** state **PA Food Certification Act** was effective **July 1, 2004**. It requires that your food establishment have a **minimum** of one supervisory employee per establishment per shift **certified in food safety and sanitation**.

**Please attach a copy of your serve safe certificate** with your application for renewal. Please attach a copy of health certificate for all commercial kitchens affiliated with your mobile catering business and a copy of your last health inspection report. If you have questions regarding the certification requirements, please call my office at 610-544-1300. Your cooperation is appreciated.

Sincerely,

Susan Warner  
Health Officer

SW:abc  
Enc.

**FEE INCLUDES:**

- (a) One-dollar (\$1.00) **license fee** as required by Pennsylvania State Law – P.L. 926, May 23, 1945, 6(35 P.S. 655.6).
- (b) **Inspection Fee – based on floor area of establishment**, as required by Ordinance Number 1033, Code of the Township of Springfield.